

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. THOMAS J. DAGEVAIS	<i>Thom J Dagevais</i>	Street: 5123 LEANNE LN City: McFARLAND Zip: 53558	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFARLAND <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Colleen McConley	<i>Colleen McConley</i>	Street: 802 W. Olin Ave. City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Clyde Thompson	<i>Clyde Thompson</i>	Street: 2221 Carling Dr 537 City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. KIM MONTGOMERY	<i>Kim Montgomery</i>	Street: 513 MULLUM DR City: SToughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SToughton	11/15/2011 (Month) (Day) (Year)
5. Erika Koivunen	<i>Erika Koivunen</i>	Street: 536 ALGOMA ST City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
6. Annie Pearson	<i>Annie Pearson</i>	Street: 2314 PIKE DR. City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Jeff Hise	<i>Jeff Hise</i>	Street: 941 Mayfair City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Aden Howell	<i>Aden Howell</i>	Street: 1040 Jennifer St Apt 1 City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. James Anderson	<i>James Anderson</i>	Street: 1405 Lincolnburg Dr City: Madison WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. Andrew Schilcher	<i>Andrew Schilcher</i>	Street: 139 W Wilcox St, Apt 501 City: Madison, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Barbara Gilligan, (certify): I reside at 2009 Sundstrom St Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Barbara Gilligan
(Signature of Circulator)

Page No. (Official Use Only)
2201



Circulator
P
E
4

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. KID KELLOGG	<i>[Signature]</i>	Street: 722 PERMAN TERR City: MADISON WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Rodney Wilson	<i>[Signature]</i>	Street: 4004 Mineral Pt Rd City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Ananda Sathasivam	<i>[Signature]</i>	Street: 7306 Countrywood Ln City: MADISON WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Der Yang	<i>[Signature]</i>	Street: 2306 Badger PKWY #17 City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Stephen Badlywin	<i>[Signature]</i>	Street: 2509 N. Sherman Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
6. Rebecca Lindsay	<i>[Signature]</i>	Street: 717 Milky Way City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
7. Jean Papalia	<i>[Signature]</i>	Street: 6308 Hidden Farm Rd City: McFarland Zip: 53558	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City McFarland	11/17/2011 (Month) (Day) (Year)
8. PAUL O'LEARY	<i>[Signature]</i>	Street: 1134 E. MIFFLIN ST City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
9. SANDY EVERSON	<i>[Signature]</i>	Street: 30 Walter Street City: MADISON Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
10. Julie A McRoberts	<i>[Signature]</i>	Street: 3823 Sycamore Ave City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Abigail Swetz, (certify): I reside at 4014 Birch Ave. MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

2802



Circulator

PH

En

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. LeAnne Hannan	<i>LeAnne Hannan</i>	Street: 2954 Cioho St City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Lisa Pardon	<i>Lisa Pardon</i>	Street: 8575 Stonebrook Cir City: Middleton WI Zip: 53562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
3. Daniel Frick	<i>Daniel Frick</i>	Street: 158 State Road 78 City: Mount Horeb Zip: 53572	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Perry	11/16/2011 (Month) (Day) (Year)
4. John Karcher	<i>John Karcher</i>	Street: 6945 Rock Ridge Ct City: Verona, WI Zip: 53591	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona	11/16/2011 (Month) (Day) (Year)
5. Dorothy Breunke	<i>Dorothy Breunke</i>	Street: 1630 Lake View City: Madison WI Zip: 53704	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Abigail Swetz, (certify): I reside at 4014 Birch Ave. Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Abigail Swetz
(Signature of Circulator)

Page No. (Official Use Only)

2203



Circulator

Ph

Er

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jennifer Frauerspiel		Street: 3313 Nelson Rd #2 City: Sun Prairie, WI Zip: 53590	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burne	11/16/2011 (Month) (Day) (Year)
2. Melanie S Villarreal		Street: 530 Meadow View RD City: Mt. Horeb WI Zip: 53572	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt. Horeb <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
3. Daniel F Cleary		Street: 1601 Kegilworth Ct #4 City: Madison, WI Zip: 53589	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/14/20 (Month) (Day) (Year)
4. Laura Lemke		Street: 220 East Bluff City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Jesse A. Polar		Street: 3521 Margaret St City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Mercedes Redman		Street: 4707 Carter St City: Oregon Zip: 97075	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/16/2011 (Month) (Day) (Year)
7. Lisa Antony		Street: 2895 Oak Lawn Rd City: Staughton Zip: 53589	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Staughton	11/16/2011 (Month) (Day) (Year)
8. Josh Loerig		Street: 4707 Carter St City: Oregon WI Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oregon	11/16/2011 (Month) (Day) (Year)
9. Angela Wickham		Street: 327 S. Spring St. City: Port Washington WI Zip: 53074	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Port Washington	11/16/2011 (Month) (Day) (Year)
10. Louise Bartlett		Street: 4304 Turner Ave City: Madison WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Abigail Swetz, (certify): I reside at 4014 Birch Ave. Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11, 16, 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
2204

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. <u>Anthony Reems</u> Print: <u>Anthony Reems</u> Sign: <u>Anthony Reems</u>	<u>516 East Bluff</u> Street: <u>Madison, WI 53704</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>[redacted]</u> Phone: <u>60</u>
2. _____ Print: _____ Sign: _____	_____ Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
3. _____ Print: _____ Sign: _____	_____ Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
4. _____ Print: _____ Sign: _____	_____ Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
5. _____ Print: _____ Sign: _____	_____ Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____

I, Abigail Sweet (certify): I reside at 4014 Birch Ave. Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Abigail Sweet
(Signature of Circulator)

Page No. (Official Use Only)
2205

Return to
Committee
PO Box
Madison

Circulators,
Please include your
Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Cynthia Ragland Print: <u>CYNTHIA RAGLAND</u> Sign: <u>[Signature]</u>	Street: <u>1811 Fisher St</u> City: <u>MADISON</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>SUZ</u> Phone: <u>(608)</u>
2. John Hawley Print: <u>John Hawley</u> Sign: <u>[Signature]</u>	Street: <u>653 Lake Dr</u> City: <u>Randam Lake</u> Zip: <u>53075</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Randam Lake</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>(</u> Phone: <u>(</u>
3. Peter Boll Print: <u>Peter Boll</u> Sign: <u>Pete Boll</u>	Street: <u>821 Sunset Dr</u> City: <u>Cottage Grove</u> Zip: <u>53527</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Cottage Grove</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>(</u> Phone: <u>(</u>
4. Sharricka Porri Print: <u>Sharricka Porri</u> Sign: <u>Sharricka Porri</u>	Street: <u>714 Vera Ct 101</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>(</u> Phone: <u>(</u>
5. Renee Robinson Print: <u>Renee Robinson</u> Sign: <u>Renee Robinson</u>	Street: <u>5204 Autumn Leaf Lane 303</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>(</u> Phone: <u>(</u>

I, Abigail Swetz (certify): I reside at 4014 Birch Ave. Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2206

Return to
Committee
PO Box
Madison

Circulators,
Please include your

Phone

(

Email

A

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>GENEVIEVE S. GERSBACH</u> Sign: <u>Genevieve S. Gersbach</u>	Street: <u>5019 Shubugan #213</u> City: <u>Madison WI</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison, Wis</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
2. Print: <u>Eva Wright</u> Sign: <u>Eva Wright</u>	Street: <u>469 Agnes St</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison WI</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
3. Print: <u>Michael A. Schuler</u> Sign: <u>Michael A. Schuler</u>	Street: <u>920 Western Rd.</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Shorewood Hills</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
4. Print: <u>ROSALIND WOODWARD</u> Sign: <u>Rosalind W. Woodward</u>	Street: <u>1443 Mound SE</u> 53711 City: Zip:	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Madison, WI</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
5. Print: <u>Noah Edelstein</u> Sign: <u>Noah Edelstein</u>	Street: <u>925 High St. Apt. 3</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()

I, Ally Gail Swetz (Printed Name of Circulator) (Certify): I reside at 4014 Birch Ave. (Circulator's Residence - Street Name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Ally Gail Swetz
(Signature of Circulator)

Page No. (Official Use Only)
2207

Return to
Committee
PO Box
Madison

Circulators,
Please include your
Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jeanine M Zwart	<i>Jeanine M Zwart</i>	Street: 5117 Oak Valley Dr. City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. JOHN J McDONALD	<i>John J McDonald</i>	Street: 3110 OAKRIDGE AVE City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
3. Joanne Austin	<i>Joanne Austin</i>	Street: 1542 Arizona Pass City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Dale Austin	<i>Dale Austin</i>	Street: 1542 ARIZONA PASS City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
5. IAN SULLIVAN	<i>Ian Sullivan</i>	Street: 5301 Arrowhead Drive City: Monona WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Jessica Paus	<i>Jessica Paus</i>	Street: 5204 Autumn Leaf Ln City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Reed Conning	<i>Reed Conning</i>	Street: 1518 N Sherman Ave City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Ellen M Soto	<i>Ellen M Soto</i>	Street: 1902 Landerby Dr City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. CARLOS VILLARREAL	<i>Carlos Villarreal</i>	Street: 530 Meadow View City: Mount Horeb WI Zip: 53573	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt. Horeb <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
10. Lee Clark	<i>Lee Clark</i>	Street: 3313 Nelson Rd #2 City: Sun Prairie Zip: 53590	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burke	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Abigail Swartz, (certify): I reside at 4014 Birch Ave. Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11, 16, 2011
(Month) (Day) (Year)

Abigail Swartz
(Signature of Circulator)

Page No. (Official Use Only)

#2208

Circulator

Ph

En

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Linda Tschillard	<i>Linda Tschillard</i>	Street: 5012 Spaanem Ave. City: Madison, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Mary Jo Steffes	<i>Mary Jo Steffes</i>	Street: 5838 Oxbow Bend City: Madison, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Carol M. Tiedt	<i>Carol M. Tiedt</i>	Street: 5310 Spicebush Ln City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Patricia J. Harper	<i>Patricia J. Harper</i>	Street: 528 Troy Dr. City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Diane Love	<i>Diane Love</i>	Street: 540 Troy Dr City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Marcia Yapp	<i>Marcia Yapp</i>	Street: 525 TROY DR City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. TODD CAMBIO	<i>Todd Cambio</i>	Street: 521 TROY DRIVE City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
8. Nancy Charter	<i>Nancy Charter</i>	Street: 517 Troy Drive City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Mary Pharmed	<i>Mary Pharmed</i>	Street: 513 Troy Dr City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Johanne Pharmed	<i>Johanne Pharmed</i>	Street: 513 Troy dr City: madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Lois Stauber, (certify): I reside at 534 Troy Dr. Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 15 2011
(Month) (Day) (Year)

Lois Stauber
(Signature of Circulator)

Page No. (Official Use Only)

#2209

Circulator

Ph

En

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Jessica Ruiz</u> Sign: <u>[Signature]</u>	Street: <u>910 Magnolia Lane</u> City: <u>Madison, WI</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>[Signature]</u> Phone <u>(608)</u>
2. Print: <u>Erik Fehl</u> Sign: <u>[Signature]</u>	Street: <u>321A Forest Run Ct</u> City: <u>Madison, WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>[Signature]</u> Phone <u>(608)</u>
3. Print: <u>Kimberly Collins</u> Sign: <u>[Signature]</u>	Street: <u>601 S. Academy St</u> City: <u>Stoughton</u> Zip: <u>53589</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Stoughton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>[Signature]</u> Phone <u>(608)</u>
4. Print: <u>Leah Wilbur</u> Sign: <u>[Signature]</u>	Street: <u>7705 Carrington Dr. Apt B</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>[Signature]</u> Phone <u>(608)</u>
5. Print: <u>Shawn Boyle</u> Sign: <u>[Signature]</u>	Street: <u>5541 Sunset Trl</u> City: <u>Wausaukee</u> Zip: <u>53599</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Westport</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>[Signature]</u> Phone <u>(608)</u>

Certification of Circulator

I, Jeanne Wilbur (Printed Name of Circulator) certify: I reside at 3910 Olin Rd (Circulator's Residence - Street Name and Number)

City of Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

2210

Circulators.
Please include your

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Branton Boltman-Love		Street: 434 East Bluff City: madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
2. Evan Thompson		Street: 14 Eastridge Ct City: madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
3. Mike Gaus		Street: 3826 Oriard rd 53704 City: Madison Zip: 53704	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Jonathan Roberts		Street: 3772 Oriard City: madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)
5. Matthew Burk		Street: 1422 Oriard 53704 City: 142 Oriard Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)
6. Anthonesha Lykes		Street: 1303 Park Circle City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/16/2011 (Month) (Day) (Year)
7. Susan Dalton		Street: 4535 E. Oak Lane City: Windsor, WI Zip: 53598	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Windsor	11/16/2011 (Month) (Day) (Year)
8. MICHAEL RUANO		Street: 2810 OAKRIDGE AVE City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
9. Kari Daggs		Street: 809 W. Lexington Pkwy City: De Forest WI Zip: 53582	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City DeForest	11/16/2011 (Month) (Day) (Year)
10. Hannah Miller		Street: 2913 Milwaukee St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Spencer White, (certify): I reside at 3810 Oriard Rd City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

2211

Circulator

Ph

En

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Damon R. Butler ^{Butler}	<i>Damon R. Butler</i>	Street: 513 Powers Ave City: Madison Zip: 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomington Grove	11/15/2011 (Month) (Day) (Year)
2. Kay M. Valdes	<i>Kay Valdes</i>	Street: 1625 Hwy BB City: Deerfield Zip: 53531	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cottage Grove	11/15/2011 (Month) (Day) (Year)
3. Megan Vanderventer	<i>Megan Vanderventer</i>	Street: 5115 Autumn Leaf Ln #313 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Katie Smart	<i>Katie Smart</i>	Street: 205 Schenk St. City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. JANE McCOY	<i>Jane McCoy</i>	Street: 115 Georgiana Circle City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Thao Lor	<i>Thao Lor</i>	Street: 1651 Wright St 53704 City: Madison Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Kathryn M. Zurb (Name of Circulator), (certify): I reside at 1914 E. Mifflin St (Circulator's Residence - Street name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Kathryn M. Zurb
(Signature of Circulator)

Page No. (Official Use Only)

2212

Circulator

Pho

Em

2

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Michael G. Kueng	<i>Michael G. Kueng</i>	Street: 112 North St. City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
2. Carla Georantz	<i>Carla Georantz</i>	Street: 718 Dempsey Rd City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
3. Daniella Stacy	<i>Daniella Stacy</i>	Street: 1218 McKenna Blvd #405 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
4. MATTHEW JALLOU	<i>Matthew Jallou</i>	Street: 825 Tony Drive City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
5. KATHLEEN MAIER	<i>Kathleen Maier</i>	Street: 2642 Union St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
6. Michael Farrey	<i>Michael Farrey</i>	Street: 1702 Rowland Ave #2 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Kathryn M. Zurb, (certify): I reside at 1914 E Mifflin St Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Kathryn M. Zurb
(Signature of Circulator)

Page No. (Official Use Only)

2213



To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Email
Phone ()
Email
Phone ()
Email
Phone ()
Email anth
Phone (60)
Email
Phone ()
Email
Phone ()
Email
Phone ()
Email ta
Phone ()
Email
Phone ()

I, Kathryn M. Zulo, (certify): I reside at 1914 E. Miff'lins St Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

Each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the official
 (Circulator's Residence - Street name and Number)
 I support this recall petition. I am aware that falsifying this
 (Signature of Circulator)

2214

Em

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jen Miller Statten		Street: 101 Farrell St City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. David Mantey		Street: 2109 East Washington Ave #1 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Marco Martinez		Street: 11647 E Hwy 14 City: Avalon Zip: 53505	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Bradford	11/15/2011 (Month) (Day) (Year)
4. DAVID M. ROZVICK		Street: 2718 MILWAUKEE ST City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Kathryn M. Zurlo, (certify): I reside at 1914 E. Mifflin St Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

2215



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Ronald A. Wollner	<i>Ronald A. Wollner</i>	Street: 1113 W. Parkview St City: Cottage Grove Zip: 53527	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cottage Grove	11/15/2011 (Month) (Day) (Year)
2. Kim A. Carrillo	<i>Kim A. Carrillo</i>	Street: 2289 S. Thompson Dr #3 City: Madison Zip: 53716	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Padraic B. Cassidy	<i>Padraic B. Cassidy</i>	Street: 2521 Heard St City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Kathryn M. Zurlo, (certify): I reside at 1914 E. Wiffen St Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Kathryn M. Zurlo
(Signature of Circulator)

Page No. (Official Use Only)

2216



A75

Circulator

PH

En

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Michael F. Zieman	<i>Michael F. Zieman</i>	Street: 712 Willow Run Ct City: Cottage Grove Zip: 53725	<input checked="" type="checkbox"/> Town Cottage Grove <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Pamela Cunniff	<i>Pamela Cunniff</i>	Street: Pamela Cunniff City: 4863 Marick Rd Zip: 53528	<input checked="" type="checkbox"/> Town Cottage Grove <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Theresa Peters	<i>Theresa Peters</i>	Street: N 3851 Bankow Rd City: Poynton WI Zip: 53955	<input checked="" type="checkbox"/> Town DeKorra <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. Gloria Reyes	<i>Gloria Reyes</i>	Street: 4002 Tomscof Trl City: madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
5. Janet Miller	<i>Janet Miller</i>	Street: 801 Whispering Wm City: Cottage Grove Zip: 53527	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cottage Grove <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6. Katrina Gray	<i>Kati Gray</i>	Street: 57 S. Marquette St City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Jessica Maly	<i>J Maly</i>	Street: 3913 Rockwell Dr. City: madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
8. William Parrish	<i>W Parrish</i>	Street: 2005 Portage Rd City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Kathryn M. Zurbo, (certify): I reside at 1914 E. Mifflin St Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Kathryn M. Zurbo
(Signature of Circulator)

Page No. (Official Use Only)

2217



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Hayley Taitz	<i>Hayley Taitz</i>	Street: 615 W. Johnson City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. ANDREW PAPE	<i>Andrew Pape</i>	Street: 835 W. Dayton St. City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Elise Svenson	<i>Elise</i>	Street: 420 N. Park St City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Dan McCann	<i>Dan M</i>	Street: 3726 Zwans Dr City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. JERALD V. McCAULEY	<i>Jerald V. McCauley</i>	Street: 1925 Pkz Dr. City: Fitchburg WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
6. MARY L. HOPKINS	<i>Mary L. Hopkins</i>	Street: 22 Fordemelt City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Lydia Greve	<i>Lydia Greve</i>	Street: 115 11th St City: Baraboo Zip: 53913	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Baraboo	11/15/2011 (Month) (Day) (Year)
8. Elizabeth Fried	<i>Elizabeth Fried</i>	Street: 2935 N 85th St City: Wauwatosa Zip: 53226	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wauwatosa	11/15/2011 (Month) (Day) (Year)
9. Alex Mck	<i>Alex Mck</i>	Street: 642 State St. City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Joe Topping	<i>Joe Topping</i>	Street: 821 Johnson St. City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Steven Hughes, (certify): I reside at 504 Washington Ave 2 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Steven Hughes

(Signature of Circulator)

Page No. (Official Use Only)

2218



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Catherine Tusing	<i>Catherine Tusing</i>	Street: 420 N. Park St. City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Mariah Clark	<i>Mariah Clark</i>	Street: 1050 Kronsage Drive City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Kathryn De Los	<i>Kathryn De Los</i>	Street: 422 W Johnson City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Victoria Jacobsen	<i>Victoria Jacobsen</i>	Street: 1200 Observatory Dr. City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Tatiana Das	<i>Tatiana Das</i>	Street: 6717 Harvest Hill Road City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Meghan O'Dell	<i>Meghan O'Dell</i>	Street: 3201 S. Dayfield Ave. City: Milwaukee Zip: 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	07/15/2011 (Month) (Day) (Year)
7. Rachel Levy	<i>Rachel Levy</i>	Street: 420 N. Park St. City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Barbara Peters	<i>Barbara Peters</i>	Street: 2038 E. Millin St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Emily Handcastle	<i>Emily Handcastle</i>	Street: 1650 W. Kronsage Dr. City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Stella Mayerhoff	<i>Stella Mayerhoff</i>	Street: 181 E. Belle Ave. City: Whitefish Bay Zip: 53217	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Whitefish Bay	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Steven Hughes, (certify): I reside at 504 W Washington Ave Madison
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
 (Month) (Day) (Year)

Steven Hughes
 (Signature of Circulator)

Page No. (Official Use Only)
 # 2219



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Tyler Clark	<i>Tyler Clark</i>	Street: 480 North Park Street City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Jeffrey Lewis	<i>Jeffrey A Lewis</i>	Street: 337 Jefferson Street City: Marinette WI Zip: 54113	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Marinette	11/15/2011 (Month) (Day) (Year)
3. LORAN MEZERA	<i>Loran Mezera</i>	Street: 1213 NEUMODA RD City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. KKR KRISHN BERAN	<i>KKR Beran</i>	Street: 1 N. Randall Apt. E City: Madison, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Taylor Arnold	<i>Taylor O'Connell</i>	Street: 470 N Park St #514 City: Madison, WI Zip: 53706	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sawyer	11/15/2011 (Month) (Day) (Year)
6. Kaitlin Krauffman-Jewell	<i>Kaitlin Krauffman-Jewell</i>	Street: 35 N. Park St. 2268 Stolz Smith City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Audrey Marguerett	<i>Audrey Marguerett</i>	Street: 420 N. Park Street City: Madison, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Eric Wilson	<i>Eric Wilson</i>	Street: 420 N Park St City: Madison WI Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Greta Schrader	<i>Greta Schrader</i>	Street: 615 W Johnson St City: Madison, WI Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Alexis Rast	<i>Alexis Rast</i>	Street: 821 W. Johnson St City: Madison, WI Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Steven Hughes, (certify): I reside at 504 W Washington Ave 2 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Steven Hughes
(Signature of Circulator)

Page No. (Official Use Only)
2220

Circulator

PH

En

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

Committee

PO Box 25

Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: Kevin File Sign: Kevin File	Street: 807 Jennifer St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/17/2011 (Month) (Day) (Year)	Email Phone ()
2. Print: Easton Kone Sign: Easton Kone	Street: 1000 Eggenrud College Dr. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/17/2011 (Month) (Day) (Year)	Email Phone ()
3. Print: Nicole Bird Sign: Nicole Bird	Street: 2519 Fish Hatchery Rd. City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/17/2011 (Month) (Day) (Year)	Email Phone ()
4. Print: Christina Stack Sign: Christina M. Stack	Street: 4048 W. Anita Ln. City: Franklin Zip: 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Franklin (Municipality Name)	11/17/2011 (Month) (Day) (Year)	Email Phone ()
5. Print: Kellian Hartshorn Sign: Kellian Hartshorn	Street: 1726 Chadbourne Ave. City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/17/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Patrick Mewer, (certify): I reside at 1416 Chandler St.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

City of Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011
(Month) (Day) (Year)

Patrick Mewer
(Signature of Circulator)

Page No. (Official Use Only)

2221

Circulators,

Please include your contact information

Phone

(608)

Email

Pmewer

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>MARIT PETERS</u> Sign: <u>Marit Peters</u>	Street: <u>47 Bagley Ct.</u> City: <u>MADISON</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone ()
2. Print: <u>Rod Lysenko</u> Sign: <u>Rod Lysenko</u>	Street: <u>7114 Pagham Dr.</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone (608) _____
3. Print: <u>FANNY LEUNG</u> Sign: <u>Fanny Leung</u>	Street: <u>5631 Tall Oaks Rd</u> City: <u>Wauunakee</u> Zip: <u>53597</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wauunakee</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email _____ Phone (608) _____
4. Print: <u>LISA HANCOCK</u> Sign: <u>Lisa Hancock</u>	Street: <u>1810 KEYES</u> City: <u>MADISON</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email _____ Phone (608) _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email _____ Phone ()

Certification of Circulator

I, Carolyn DeLuna, (certify): I reside at 77 Wood Brook Way
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Fitchburg, WI 53711
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Nov 17 2011
(Month) (Day) (Year)
Carol M DeLuna
(Signature of Circulator)

Page No. (Official Use Only)
2222

Circulators,
Please include your contact information

Phone
(608) _____
Email
cdela
edger

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Ryan Evans	<i>Ryan Evans</i>	Street: 1325 Randall Ct. Apt 10 City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 17 / 2011 (Month) (Day) (Year)
2. Linda Bantol	<i>Linda Bantol</i>	Street: 2310 Van Hise Ave City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 17 / 2011 (Month) (Day) (Year)
3. Carl Maly	<i>Carl Maly</i>	Street: 1717 Legacy Ln City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 17 / 2011 (Month) (Day) (Year)
4. Michelle Martinez	<i>Michelle Martinez</i>	Street: 824 Dane St. City: Madison WI Zip: 53711	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11 / 17 / 2011 (Month) (Day) (Year)
5. William Dougherty	<i>William Dougherty</i>	Street: 1080 Edgewood College Dr City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 17 / 2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Alex Weir, (certify): I reside at 303 Princeton Ave #2 City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011
(Month) (Day) (Year)

Alex Weir
(Signature of Circulator)

Page No. (Official Use Only)
2223



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Bruen Eggson</u> Sign: <u>Bruen Eggson</u>	Street: <u>2500 Hill Dr</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email () Phone ()
2. Print: <u>Jackie Emmerich</u> Sign: <u>Jackie Emmerich</u>	Street: <u>910 Midland St.</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email () Phone ()
3. Print: <u>Rori Flynn</u> Sign: <u>Rori Flynn</u>	Street: <u>149 S. Hancock St</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email () Phone ()
4. Print: <u>Angela Olson</u> Sign: <u>Angela Olson</u>	Street: <u>W11047 Eagle Dr</u> City: <u>Lodi</u> Zip: <u>53555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lodi</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email () Phone ()
5. Print: <u>Angie Thompson</u> Sign: <u>Angie Thompson</u>	Street: <u>5306 Congress Ave #1</u> City: <u>Madison, WI</u> Zip: <u>53718</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email () Phone ()

Certification of Circulator

I, Alex Weiland, (certify): I reside at 303 Princeton Ave Flr City of Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011
(Month) (Day) (Year)
Alex Weiland
(Signature of Circulator)

Page No. (Official Use Only)
2224

Return to
Committee
PO Box
Madison

Circulators,
Please include your

Phone
(314)
Email
Aweiland

C

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Emanuel Stern III</u> Sign: <u>Emanuel G. Stern III</u>	Street: <u>1810 Kenneth St.</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email () Phone ()
2. Print: <u>Eva Fok</u> Sign: <u>Sue Fok</u>	Street: <u>6 Gray Fox Circle</u> City: <u>Madison</u> Zip: <u>53717</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email () Phone ()
3. Print: <u>Kayla Wyckoff</u> Sign: <u>Kayla Wyckoff</u>	Street: <u>1000 Edgewood College Dr.</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email () Phone ()
4. Print: <u>Megan Thornburgh</u> Sign: <u>Megan Thornburgh</u>	Street: <u>1532 Thoreau Dr.</u> City: <u>Sun Prairie</u> Zip: <u>53570</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email () Phone ()
5. Print: <u>Penny Hubbard</u> Sign: <u>Penny Hubbard</u>	Street: <u>6229 Thornbury Dr</u> City: <u>Madison WI</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email () Phone ()

I, Alex Wink, (certify): I reside at 303 Princeton Ave Apt 2 City of Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011
(Month) (Day) (Year)
Alex A. Wink
(Signature of Circulator)

Page No. (Official Use Only)
2225

Return to
Committee
PO Box
Madison

Circulators,
Please include your

Phone
(399)
Email
AWink

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. Print: <u>Becca Scheunemann</u> Sign: <u>Becca Scheunemann</u>	Street: <u>1000 Edgewood College Dr</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email _____ Phone (_____) _____
2. Print: <u>Catharine Krause</u> Sign: <u>Catharine Krause</u>	Street: <u>180 S. Washington St</u> City: <u>Waterloo</u> Zip: <u>53594</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Waterloo</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email _____ Phone (_____) _____
3. Print: <u>Teral E. Champion</u> Sign: <u>Teral E. Champ</u>	Street: <u>554 Maywood St #2</u> City: <u>Madison WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email _____ Phone (_____) _____
4. Print: <u>Renée Gouaux</u> Sign: <u>Renée Gouaux</u>	Street: <u>2548 Williams Dr.</u> City: <u>Stoughton</u> Zip: <u>53589</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Springs</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email _____ Phone (_____) _____
5. Print: <u>Nichole C. Ross-Robinson</u> Sign: <u>Nichole C. Ross-Robinson</u>	Street: <u>273 Fir Lane</u> City: <u>Marshall</u> Zip: <u>53559</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Marshall</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email _____ Phone (_____) _____

1. Alex Wehrnd (Printed Name of Circulator), (certify): I reside at 303 Princeton Ave #2 (Circulator's Residence - Street Name and Number) Madison, City (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011
(Month) (Day) (Year)
Alex Wehrnd
(Signature of Circulator)

Page No. (Official Use Only)
2226

Return to
Committee
PO Box
Madison

Circulators,
Please include your
Phone
(_____) _____
Email
Alex Wehrnd

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>John M Kibler</u> Sign: <u>J M K</u>	Street: <u>5118 E. Buckeye Rd.</u> City: <u>Madison WI</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email <u>J.K.</u> Phone ()
2. Print: <u>Michael Cullinane</u> Sign: <u>[Signature]</u>	Street: <u>1918 Rowley Ave</u> City: <u>Madison WI</u> Zip: <u>53726</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Johanna Pender</u> Sign: <u>Johanna Pender</u>	Street: <u>510 Sheldon Street</u> City: <u>Madison, WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>DAVID BURKE</u> Sign: <u>D & M. Burke</u>	Street: <u>38 S. MEADOW LN</u> City: <u>MADISON, WI</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone ()
5. Print: <u>Kimberly Scardino</u> Sign: <u>[Signature]</u>	Street: <u>60N Lincoln Ridg & Ad St</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone ()

I, Alex Weirnd, (certify): I reside at 303 Princeton Ave #2 Madison, WI
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011
(Month) (Day) (Year)
[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

2227

Return

Commit
PO Box
Madison

Circulators,
Please include your

Phone

(314)

Email

Awe

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: William T. Mickelson Sign: <i>William T. Mickelson</i>	Street: 744 Chapman St City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/17/2011 (Month) (Day) (Year)	Email Phone ()
2. Print: Erin Teksten Sign: <i>Erin Teksten</i>	Street: 1224 Jenifer St #1 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	11/17/2011 (Month) (Day) (Year)	Email Phone ()
3. Print: Eron Rhymer Sign: <i>Eron Rhymer</i>	Street: 1000 Edgewood College dr. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/17/2011 (Month) (Day) (Year)	Email Phone ()
4. Print: Grant Mickesh Sign: <i>Grant Mickesh</i>	Street: 906 S. Brooks City: Madison, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/17/2011 (Month) (Day) (Year)	Email Phone ()
5. Print: Allison Munson Sign: <i>Allison Munson</i>	Street: 500 N. Henry St. City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/17/2011 (Month) (Day) (Year)	Email Phone ()

I, Alex Weirand, (certify): I reside at 303 Princeton Ave Fl2 City of Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011
(Month) (Day) (Year)
Alex S. Weirand
(Signature of Circulator)

Page No. (Official Use Only)
2228

Circulators,
Please include your

Phone
(314)
Email
Aweirand

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J

Committee to
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Pamela Kahler</u> Sign: <u>Pamela Kahler</u>	Street: <u>2420 East WISHAW</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/10/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
2. Print: <u>Brian Zweifel</u> Sign: <u>BZ</u>	Street: <u>1340 Rutledge St #1</u> City: <u>Madison WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
3. Print: <u>Mike Elbaum</u> Sign: <u>Mike Elbaum</u>	Street: <u>MADISON WI 53711</u> City: <u>2421 BRIDGEMAN</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>231</u> Phone <u>()</u>
4. Print: <u>Craig Tiedemann</u> Sign: <u>Craig</u>	Street: <u>4714 Mandrake Rd.</u> City: <u>Madison WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>cdtied</u> Phone <u>(608)</u>
5. Print: <u>Robert Ervin</u> Sign: <u>RE</u>	Street: <u>638 Braxton Place</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>

Certification of Circulator

I, LEAH EDGAR, (certify): I reside at 1025 JENIFER ST APT 1E
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MADISON
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2229

Circulators.
Please include your con

Phone
(608)
Email
leah@tid

Batch
CB5

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee to
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Shawn Baures</u> Sign: <u>Shawn Baures</u>	Street: <u>434 W Mifflin St</u> # <u>318</u> <u>53703</u> City: <u>Madison</u> WI Zip: <u>538</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>Kavot</u> Phone <u>(608)</u>
2. Print: <u>Samuel Desmond</u> Sign: <u>Sam R</u>	Street: <u>547 W Mifflin St</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>sdesm</u> Phone <u>()</u>
3. Print: <u>Molly Ryan</u> Sign: <u>Molly Ryan</u>	Street: <u>1 Gerry Court</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
4. <u>MARK MCEAHERN</u> Print: <u>Mark McEahern</u> Sign: <u>Mark McEahern</u>	Street: <u>2829 OAKRIDGE AVE</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>4/16/2011</u> (Month) (Day) (Year)	Email Phone <u>()</u>
5. Print: <u>Henry Southgate</u> Sign: <u>Henry Southgate</u>	Street: <u>6634 Offshore Drive</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>hank</u> Phone <u>(608)</u>

I, LEAH EDGAR (certify): I reside at 1025 Jennifer St #1E Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2230

Circulators,
Please include your contact

Phone
(608) 608-1000
Email
leah@batch.com
Batch
CBS

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Keith Gale</u> Sign: <u>Keith Gale</u>	Street: <u>15 N. Hancock St. #104</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>garc</u> Phone: <u>(608</u>
2. Print: <u>Charlie Stanchfield</u> Sign: <u>[Signature]</u>	Street: <u>265 Lington St</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>ST</u> Phone: <u>(612</u>
3. Print: <u>Andrea Trinkle</u> Sign: <u>[Signature]</u>	Street: <u>938 Eagle Heights Apt. C</u> City: <u>Madison WI</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>antri</u> Phone: <u>(618</u>
4. Print: <u>Kelli Keelik</u> Sign: <u>Kelli Keelik</u>	Street: <u>2623 Coolidge St</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>kkeeli</u> Phone: <u>(608</u>
5. Print: <u>Kirsten Tenen</u> Sign: <u>Kirsten Tenen</u>	Street: <u>1002 Spring St. Apt. R</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>K</u> Phone: <u>(</u>

Certification of Circulator

I, LEAH EDGAR, (certify): I reside at 1025 Jennifer St #1E
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2231

Circulators,
Please include your c

Phone

(608

Email

leah

Bo

CD

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by

Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Wade M. Otis Print: Wade M. Otis Sign: Wade M. Otis	Street: 1926 Sachtyen St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email: hugelb5 Phone: ()
2. Anna Graupner Print: Anna Graupner Sign: Anna Graupner	Street: 2020 Allen Blvd. #4 City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email: aggr Phone: ()
3. Katie L'Allier Print: Katie L'Allier Sign: Katie L'Allier	Street: 12000 Observatory Dr City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email: Katie Phone: (715)
4. LINDA PARK Print: Linda Park Sign: Linda Park	Street: 13-A University Houses City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email: lspark Phone: ()
5. Christina Jackson Print: Christina Jackson Sign: christin jackson	Street: 421 Grand Ave #1 City: Madison, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email: cjac Phone: (608)

Certification of Circulator

I, LEAH EDGAR, (certify): I reside at 1025 Jenifer St #1E
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2232

Circulators.
Please include your c

Phone

(608)

Email

leahtri

BC4

CB5

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Brent Amberger		Street: 2331 Badger parkway #16 City: madison Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
2. Lynn Hrabik		Street: W3266 Hofa Park Rd City: Potosi Zip: 54162	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lessor	11 / 16 / 2011 (Month) (Day) (Year)
3. Tess Becker		Street: 410 W Mifflin City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
4. Alex Forstager		Street: 661 mendota court City: Madison, WI Zip: 53703	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
5. Molly Hayman		Street: 225 W Gilman #1 City: Madison, WI Zip: 53703	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
6. Nina Carlson		Street: 442 W. Dayton St. #2B City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
7. Amy Gangl		Street: 1619 Elderwood Circle City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11 / 16 / 2011 (Month) (Day) (Year)
8. Dennis Trinkle		Street: 938 Eagle Heights Apt. C City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
9. Preston Schmitt		Street: 312 Marion St Apt. #102 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
10. Eric Carlson		Street: 412 Wisconsin Avenue City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)

Certification of Circulator

I, LEAH EDUAR, (certify): I reside at 1025 Jennifer St #1E Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

2233

Circulator

Ph

Em

le

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Calandra McDonald		Street: 311 State St. #201 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Joseph Perez		Street: 116 Rosemary Ave City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
3. Mafmudiye Selim		Street: 444 W. Wilson #305 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Vedran Vasic		Street: 102 N. Orchard St. City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Nick Levine		Street: 104 Gilman St #11 City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Vicki Taylor		Street: 4207 Major Ave City: Madison WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Art Grimm		Street: 558 Harvest Ln City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/16/2011 (Month) (Day) (Year)
8. Kimberly Koopman		Street: 633 Langdon St, Apt 415 City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
9. Wilson Toure		Street: 1516 N. 2nd St City: Sheboygan, WI Zip: 53081	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sheboygan	11/16/2011 (Month) (Day) (Year)
10. Brianne Markowski		Street: 1667 Capital Ave #15 City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, LEAH EDGAR, (certify): I reside at 1025 Jennifer St #1 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

2234

Circulator

Pho

Em

le

R

(

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. LEAH EDGAR		Street: 1025 JENIFER ST APT 1E City: MADISON WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
2. Jon Carapezza		Street: 425 W. Wilson St. #2 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
3. Laura Donohue		Street: 137 Lathrop St. City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
4. Amy Quan Barry		Street: 503 WEST DOTY ST. City: MADISON, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 16 / 2011 (Month) (Day) (Year)
5. Amy UNGER		Street: 427 W. Main St #305 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 16 / 2011 (Month) (Day) (Year)
6. Aamon Cipra		Street: 700 Glenway City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
7. Linda Bentz		Street: 800 877 Bingham Rd City: Edgerton WI Zip: 53534	<input checked="" type="checkbox"/> Town Albion - <input type="checkbox"/> Village Edgerton <input checked="" type="checkbox"/> City	11 / 16 / 2011 (Month) (Day) (Year)
8. Grace Grasser		Street: 505 UNIVERSITY AVE Apt. 305 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11 / 16 / 2011 (Month) (Day) (Year)
9. Stephanie Hobbs		Street: 117 W. DAYTON ST. #3 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
10. Elizabeth Godec		Street: 1013 Spring St. #2 City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)

Certification of Circulator

I, LEAH EDGAR, (certify): I reside at 1025 Jennifer St #1E Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
2235



Circulator

Ph

En

(e

P

C

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee t
PO Box 256
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: <u>Maya Benford</u> Sign: <u>Maya Benford</u>	Street: <u>2502 E. Mifflin ST</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>M</u> <u>Wis</u> Phone <u>(608)</u>
2. Print: <u>Jose Fletcher</u> Sign: <u>Jose Fletcher</u>	Street: <u>2237 WYOMING</u> City: <u>Sun Prairie</u> Zip: <u>53598</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>SUN PRAIRIE</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
3. Print: <u>Dane Varese</u> Sign: <u>Dane Varese</u>	Street: <u>98 Richard Street</u> City: <u>Verona</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Verona</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
4. Print: <u>Anna Haskins</u> Sign: <u>Anna Haskins</u>	Street: <u>157 Jackson St. #2</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
5. Print: <u>Donald Marshall</u> Sign: <u>Donald Marshall</u>	Street: <u>1926 Sackin St</u> City: <u>Madison</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>

I, LEAH EDGAR, (certify): I reside at 1025 JENIFER ST APT 1E
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MADISON
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)
Leah Edgar
(Signature of Circulator)

Page No. (Official Use Only)
2236

Circulators,
Please include your con

Phone
(608)
Email
leahedgar

Batch
CB5

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee t
PO Box 256
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: Carolyn Barker Sign: <i>Cyf Bark</i>	Street: 7766 Radeliffe Dr. Apt. D City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Cjbar Phone (608)
2. Print: Rebecca Gongora Sign: <i>Rebecca Gongora</i>	Street: 2710 E. Johnson City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email beckib Phone (608)
3. Print: Michael Gran Sign: <i>Michael Gran</i>	Street: 10 N Orchard St #22 City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Cmgn Phone (908)
4. Print: Amy Rebhun Sign: <i>Amy Rebhun</i>	Street: 614 Langdon #401 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email ARe Phone (818)
5. Print: Tanya Cobb Sign: <i>Tanya Cobb</i>	Street: 616 S. 6th St. Evansville, WI 537 City: Evansville Zip: 53536	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Evansville (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email CobbT Phone (608)

I, LEAH EDGAR, (certify): I reside at 1025 Jennifer St #1E Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Leah Edgar
(Signature of Circulator)

Page No. (Official Use Only)
2237

Circulators,
Please include your con
Phone
(608)
Email
leaheti

BCH
CT

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J
Committee t
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>DAVID J WIEMILLER SR.</u> Sign: <u>David J Wiemiller SR.</u>	Street: <u>454 MEADOW LAKE</u> City: <u>EVANSVILLE WI</u> Zip: <u>53536</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>EVANSVILLE</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Erin Courts</u> Sign: <u>Erin Courts</u>	Street: <u>635 Elm Drive</u> City: <u>Madison WI</u> Zip: <u>53706</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>West Bend</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (262)
3. Print: <u>Constanza Gonzalez</u> Sign: <u>Constanza Gonzalez</u>	Street: <u>Boxwood Trl</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (608)
4. Print: <u>Carl Hanson</u> Sign: <u>Carl Hanson</u>	Street: <u>110 S. Brooks St. #403</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (651)
5. Print: <u>MAXIMILIAN RANKENBURG</u> Sign: <u>M. Rankenburg</u>	Street: <u>10 W. GILMAN ST. Apt. 1</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (608)

I, LEAH EDGAR, (certify): I reside at 1025 Jennifer St #1E Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2238

Circulators,
Please include your con

Phone
(608)
Email
leah

Baker
CB5

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J

Committee t
PO Box 256
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Jessica L. Blais</u> Sign: <u>Jessica L Blais</u>	Street: <u>833 E. Gorham St.</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>jessica</u> Phone <u>(650)</u>
2. Print: <u>DAN R. Anderson</u> Sign: <u>Dan R Anderson</u>	Street: <u>1521 Vilas Ave</u> City: <u>MADISON</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>dander</u> Phone <u>(608)</u>
3. Print: <u>Susan E. Montgomery</u> Sign: <u>Susan Montgomery</u>	Street: <u>445 Clearbrooke Terrace</u> City: <u>Cottage Grove</u> Zip: <u>53527</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Cottage Grove</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>susan</u> Phone <u>(608)</u>
4. Print: <u>James Hook</u> Sign: <u>James Hook</u>	Street: <u>4110 Pennock Ave</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>jchoo</u> Phone <u>(616)</u>
5. Print: <u>Luke Gimino</u> Sign: <u>Luke Gimino</u>	Street: <u>1228 1228 Bowler Ct</u> City: <u>Madison Madison</u> Zip: <u>53715</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>leah</u> Phone <u>(267)</u>

Certification of Circulator

I, LEAH EDGAR, (certify): I reside at 1025 Jennifer St #1E
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

2239

Circulators,
Please include your con

Phone

(608)

Email

leah

B+C
C.P.

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Andrew Craven</u> Sign: <u>Andrew Craven</u>	Street: <u>1501 Yellowcross Dr</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>acra</u> Phone: <u>(608)</u>
2. Print: <u>Coreen Fallat</u> Sign: <u>Coreen Fallat</u>	Street: <u>6303 Sylvan Ln</u> City: <u>Monona WI</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Monona</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>Coreen</u> Phone: <u>(608)</u>
3. Print: <u>Kenya Greene</u> Sign: <u>Kenya Greene</u>	Street: <u>1712 Onsgaard Rd #3</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>Blake</u> Phone: <u>(608)</u>
4. Print: <u>Henry Smith</u> Sign: <u>Henry Smith</u>	Street: <u>575 Moorland Rd #304</u> City: <u>Madison WI</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>Henry</u> Phone: <u>(608)</u>
5. Print: <u>Kirsten Jamon</u> Sign: <u>Kirsten Jamon</u>	Street: <u>8430 Moserschmidt Dr</u> City: <u>Vernon</u> Zip: <u>53593</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Vernon</u> <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>Jamon</u> Phone: <u>(608)</u>

Certification of Circulator

I, LEAH EDGAR, (certify): I reside at 1025 Jennifer St #1E
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2240

Circulators.
Please include your contact information.

Phone: (608)
Email: leah

Boat
CB

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:
Committee
PO Box 250
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Edwanike Harbour</u> Sign: <u>Edwanike</u>	Street: <u>4320 N. 19th St.</u> City: <u>Milwaukee</u> Zip: <u>53209</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Milwaukee</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>echan</u> Phone: <u>(608)</u>
2. Print: <u>Molly Orchino</u> Sign: <u>Molly Orchino</u>	Street: <u>120 Iroquois Ave</u> City: <u>Green Bay WI</u> Zip: <u>54301</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Allouez</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>MOrchino</u> Phone: <u>(920)</u>
3. Print: <u>DANIEL BOYKE</u> Sign: <u>Daniel Boyke</u>	Street: <u>2331 BADGER PKWY #9</u> City: <u>MADISON</u> Zip: <u>53713</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>DBOYKE</u> Phone: <u>(608)</u>
4. Print: <u>Molly Lloyd</u> Sign: <u>Molly Lloyd</u>	Street: <u>408 N Henry Apt C1</u> City: <u>Madison</u> Zip: <u>53703</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>mlloyd</u> Phone: <u>()</u>
5. Print: <u>Karla Klein</u> Sign: <u>Karla Klein</u>	Street: <u>3784 Caribou Rd.</u> City: <u>Verona</u> Zip: <u>53583</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>Klein</u> Phone: <u>()</u>

Certification of Circulator

I, LEAH EDGAR (certify): I reside at 1025 JENIFER ST APT 1E
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

MADISON
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
224

Circulators.
Please include your c

Phone: (608)
Email: leah

BCA
CR

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: Hilary Tg1 Sign:	Street: 113 North Butler St Apt 2 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()
2. Print: ALEX Gray Sign:	Street: 415 E Washington St City: Lake Mills Zip: 53551	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake Mills (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()
3. Print: Carter McDondl Sign:	Street: 1851 Monroe City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()
4. Print: Tasha Wilson Sign:	Street: 7409 Old Sauk Rd #7 City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()
5. Print: Jennifer Owens Sign:	Street: 1835 Winnebago St 401 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone ()

I, Betsy Krieger, (certify): I reside at 210 Chateau Drive Cottage Grove
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Betsy Krieger
(Signature of Circulator)

Page No. (Official Use Only)
2242

Circulators,
Please include your

Phone

608

Email

bkrre

BCH

CB

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Shannon L Marvin	<i>Shannon L Marvin</i>	Street: 211 Broadway Dr. City: Sun Prairie, WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/16/2011 (Month) (Day) (Year)
2. Robyn Mueller	<i>Robyn Mueller</i>	Street: 341 Maple Valley Dr #108 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Amy Jo Steele	<i>Amy Jo Steele</i>	Street: 2705 University Ave City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Sarah Baebahler	<i>Sarah Baebahler</i>	Street: 2929 Curry Parkway Apt 6 City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Amy Kensee	<i>Amy Kensee</i>	Street: 720 W. Main #305 City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. James Lorman	<i>James Lorman</i>	Street: 516 Wingra St City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Kathryn Auerbach	<i>Kathryn Auerbach</i>	Street: 621 Eugenia Ave City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Lakeatia Phillips	<i>Lakeatia Phillips</i>	Street: 817 N Thompson City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Stephanie Gulvik	<i>Stephanie Gulvik</i>	Street: 1318 S. Thompson Dr. City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Katie Griesves	<i>Katie Griesves</i>	Street: 32449 Hastings Rd City: Reedsburg Zip: 53959	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Lake <input type="checkbox"/> City Delton	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Adam Brown, (certify): I reside at 10 Sherman Terrace #6 City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Adam Brown
(Signature of Circulator)

Page No. (Official Use Only)
2243



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Colleen Driscoll	<i>Colleen Driscoll</i>	Street: 221 Crystal Drive City: Hartland Zip: 53029	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Hartland	11/16/2011 (Month) (Day) (Year)
2. Rob Poethling	<i>Rob Poethling</i>	Street: 119 Elm Drive Sullivan City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Thomas Pflugrad	<i>Tom Pflugrad</i>	Street: 3315 Osborn Blvd. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)
4. Kelsey Burnham	<i>Kelsey Burnham</i>	Street: 1650 Kronshage Drive City: Madison WI Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Tervin Tsegayal	<i>Tervin Tsegayal</i>	Street: 635 Elm Drive City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Mikayla Eskens	<i>Mikayla Eskens</i>	Street: 1650 Kronshage Dr City: Madison WI Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Chris Smith	<i>Chris Smith</i>	Street: 650 Elm Drive City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Nathan Brooks	<i>Nathan Brooks</i>	Street: 722 Bass Dr. City: Waterford Zip: 53185	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Ben Garson	<i>Ben Garson</i>	Street: 3371 650 Elm Dr. Apt 118 City: Madison, WI Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Amy Ghera	<i>Amy Ghera</i>	Street: 625 Elm Drive Apt 208 City: Madison WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Robert Wiley Rea, (certify): I reside at 1650 Kronshage Dr. Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Robert Wiley Rea
(Signature of Circulator)

Page No. (Official Use Only)
2244



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Maria Sweetland	<i>[Signature]</i>	Street: 420 N Park St City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Brian Moran	<i>[Signature]</i>	Street: 615 W Johnson City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Laura Gregor	<i>[Signature]</i>	Street: 1510 Tripp Circle City: madison, WI Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Greg Dume	<i>[Signature]</i>	Street: W350 54245 Ponderosa Ct. City: Dousman Zip: 53118	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Max Vicinetti	<i>[Signature]</i>	Street: 420 N Park St City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Tommy Garrett	<i>[Signature]</i>	Street: 821 W. Johnson St. #3 City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	11/16/2011 (Month) (Day) (Year)
7. Emily Phommavong	<i>[Signature]</i>	Street: 5 Preston Circle City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Gwynneth Schell MEA	<i>[Signature]</i>	Street: 449 Togstad Glenn City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Leah Foelcke	<i>[Signature]</i>	Street: 458 Parkinson B 615 W Johnson St. City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Michael Eireberg	<i>[Signature]</i>	Street: 45 N. Randall Avenue City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Holly Henniksen, (certify): I reside at 1700 Observatory Drive City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

2245



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Andrew Gipson		Street: P.O Box 259864 City: Madison Zip: 53725	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
2. Deborah L Binger		Street: 4522 Pleasant Valley road City: Black Earth WI Zip: 53515	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Vermont	11 / 16 / 2011 (Month) (Day) (Year)
3. Dianna Gilbertson		Street: 205 W. 5th St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
4. Cody Hanna		Street: 504 Red Oak Trl City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11 / 16 / 2011 (Month) (Day) (Year)
5. Eugene Nest		Street: 8124 County Parky City: Sauk City Zip: 53583	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rosharex	11 / 16 / 2011 (Month) (Day) (Year)
6. John Bayley		Street: 717 Chapman St. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
7. Tamara McSwan		Street: 1242 Sweeney dr. #6 City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11 / 16 / 2011 (Month) (Day) (Year)
8. Bill Drum		Street: 1217 East Dayton St. City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
9. Lee Henwick		Street: 6 AARON CT City: MADISON WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)
10. Jerry Ott		Street: 6138 SATURN DR City: MADISON WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 2011 (Month) (Day) (Year)

Certification of Circulator

I, Robert Brunious SR, (certify): I reside at Harding St 38 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Robert Brunious SR
(Signature of Circulator)

Page No. (Official Use Only)
2246

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Corey Bell	<i>Corey Bell</i>	Street: 1144 Morningside View Dr. City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Kim James	<i>Kim James</i>	Street: 2011 Westbrook Lane City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/14/2011 (Month) (Day) (Year)
3. Lydia Brown	<i>Lydia Brown</i>	Street: 207 Douglas City: Brooklyn Zip: 53521	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brooklyn	11/16/2011 (Month) (Day) (Year)
4. RICHARD J. CALLAWAY II	<i>Richard J. Callaway II</i>	Street: 11 KEWANEE COURT City: MADISON, WI. Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
5. Mary Eldridge	<i>Mary Eldridge</i>	Street: 4446 Crescent Rd City: Fitchburg WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
6. JAMES P. KILLERIAN	<i>James P. Killian</i>	Street: 2002 SAND HILL Rd City: OREGON WI Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DUNN	11/16/2011 (Month) (Day) (Year)
7. Joan Van Wormer	<i>Joan Van Wormer</i>	Street: 3810 Sunbrook Rd. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. David B. Engen	<i>David B. Engen</i>	Street: 1600 Kenilworth Ct #5 City: Stoughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/16/2011 (Month) (Day) (Year)
9. Roy Jones	<i>Roy Jones</i>	Street: 2629 Greenway Cross City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Travis E. Dalton	<i>Travis E. Dalton</i>	Street: 39 Garnet Ln. City: Madison, WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/14/2011 (Month) (Day) (Year)

Certification of Circulator

I, Robert Brunious SR, (certify): I reside at Harding St 38 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/16/2011
(Month) (Day) (Year)

Robert Brunious SR
(Signature of Circulator)

Page No. (Official Use Only)

#2247

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>NICOLE ROLD</u> Sign: <u>Nicole Rold</u> <u>[Signature]</u>	Street: <u>21 E. GOMAN ST</u> City: <u>MADISON</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
2. Print: <u>GABRIEL RAMIREZ</u> Sign: <u>Gabriel Ramirez</u> <u>[Signature]</u>	Street: <u>2533 Superior St.</u> City: <u>MADISON WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>12/17/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
3. Print: <u>Nick Leesch</u> Sign: <u>Nick Leesch</u> <u>[Signature]</u>	Street: <u>3910 Margaret St</u> City: <u>MADISON</u> Zip: <u>53714</u>	<input checked="" type="checkbox"/> Town <u>ES</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email _____ Phone () _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20__</u> (Month) (Day) (Year)	Email _____ Phone () _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20__</u> (Month) (Day) (Year)	Email _____ Phone () _____

Certification of Circulator

I, Eric Baxter (certify): I reside at 6312 Midwood Ave.
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Monona
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
2248

Circulators,
Please include your contact information

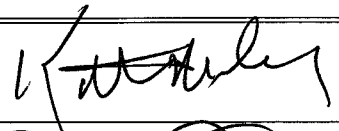

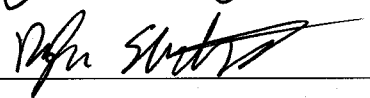

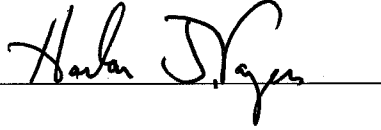
Phone
(605)
Email

CB49
WJL

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Katharine Lang		Street: 219 N. Midvale Blvd City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
2. Jordan Jodas		Street: 309 W. Freitel Wi City: Marshall Zip: 53559	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Marshall	11/17/2011 (Month) (Day) (Year)
3. Dylan Sturtevant		Street: 5709 Bellows circle City: madison, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/17/2011 (Month) (Day) (Year)
4. Michelle Ellias		Street: 760 W Main St City: Watertown Zip: 53094	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Watertown	11/17/2011 (Month) (Day) (Year)
5. Harlan J. Vangen		Street: N3191 Otsego Rd. City: Rio WI, Zip: 53960	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Otsego	11/17/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, SARAH B. FRITZ, (certify): I reside at 2810 Oakridge Ave Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 20 11
(Month) (Day) (Year)

Sarah B Fritz
(Signature of Circulator)

Page No. (Official Use Only)
2249



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. ALIDA CYNRIC	<i>Alida Cynric</i>	Street: 4109 WINNEMAC AVE. City: MADISON, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Edward Cynric, (certify): I reside at 4109 Winnemac Ave City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

2250 A

Circulator

Pho

Em

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Amber Chadwick	<i>Amber Chadwick</i>	Street: 729 Cumberland Ln City: DeForest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DeForest <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)
2. Dan Olson	<i>Dan Olson</i>	Street: 3237 Army Scout Rd City: Sun Prairie Zip: 53590	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Burke <input type="checkbox"/> City	11/17/2011 (Month) (Day) (Year)
3. SUBHASH ANTANI	<i>Subhash Antani</i>	Street: 2578 Janie Lane City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
4. Teresa Kantor	<i>Teresa Kantor</i>	Street: 4318 Melody Ln #203 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
5. Halie Fass	<i>Halie Fass</i>	Street: 1000 Edgewood College Dr City: Madison, W Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
6. Monica Oboagwira	<i>MEB</i>	Street: 2218 Luann Ln #305 City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
7. Julie Luecke	<i>Julie Luecke</i>	Street: 2705 Homestead Rd City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
8. Paul Hinzpeter	<i>Paul Hinzpeter</i>	Street: 6777 Schweder Rd City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
9. Michaela Chase	<i>Michaela Chase</i>	Street: 444 W Wilson St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/17/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Zachary A. Madden, (Name of Circulator)

(certify): I reside at 1000 Edgewood College Dr
(Circulator's Residence - Street name and Number)

Madison (city)
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 17 / 2011
(Month) (Day) (Year)

Zachary A. Madden
(Signature of Circulator)

Page No. (Official Use Only)
22506

Circulator

Ph

En